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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/632,708						
Filing Date	August 01, 2003						
First Named Inventor	Bar-Gadda, Ronny	•					
Art Unit	2834						
Examiner Name	(unassigned)						
Attorney Docket Number	00021-003						

										
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.										
The reasons for this request are: The assignee of this application has requested that all files, for which the undersigned is the attorney of record, be returned to the assignee. The undersigned personally delivered all such files to the offices of the assignee on January 09, 2005. As of the date of this Request, the undersigned has not received any Examiner Action fro this application.										
CORRESPONDENCE ADDRESS										
1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number:										
1./	m <i>or</i> İvidual Name	Ronny Bar-Gadda, President								
Address	Star-Gadda, LLC. 18809 Cox Avenue, Suite 250									
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Name	Anthony T. Cas	cio			Registration No. 2			29,904	29,904	
Date	January 10, 200	05			Telephone No. 650-692-0385			0385		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration that of a time period for reproduce or possible extension certain the request to withdraw in received.										

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